

# CALVERT RECREATION CENTER

## Little Sprouts Preschool

REGISTRATION FORM 2016-2017

REGISTRATION BEGINS FEBRUARY 1, 2016

### PLEASE SELECT (X) YOUR SESSION BELOW:

2-DAY SESSION (SEPT—MAY) \_\_\_\_\_

3-DAY SESSION (SEPT—MAY) \_\_\_\_\_

5-Day SESSION (SEPT-MAY) \_\_\_\_\_

*A \$40 registration deposit is due before your child can be registered.*

### ABOUT OUR FEES

Fees are calculated according to the number of days school is scheduled to be in session throughout the year and divided into nine equal monthly installments.

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Date of Birth Age Gender

\_\_\_\_\_  
Street Address City Zip Code

\_\_\_\_\_  
Parent/legal guardian Name Parent/Guardian Date of Birth\*

\_\_\_\_\_  
Parent/legal guardian Name Parent/Guardian Date of Birth\*

### Parent Email

\_\_\_\_\_  
Physician Name Physician Phone Number

### \*WHY DO WE ASK FOR PARENT/GUARDIAN DATE OF BIRTH?

Your date of birth is used to uniquely identify you in our online registration, payment, and record tracking system.

**THE LITTLE SPROUTS EXPERIENCE:** Lincoln Parks and Recreation understands how important early childhood education is to helping young people get a good start in life. Little Sprouts Preschool is focused on music, art, and other fun early childhood activities to help support the learning and development of children as they prepare for Kindergarten.

**ELIGIBILITY:** Children ages 3-5 years old.\*

*\*Children must be toilet trained.*

**OUR CALENDAR:** Families will receive a school year calendar at Open House. We observe LPS decisions regarding weather related closures.

### SESSION INFORMATION

**2-DAY SESSION—3 year olds\***

Tuesday and Thursday, 12:30—2:30 p.m.

**3-DAY SESSION—4 year olds\***

Monday, Wednesday, and Friday, 9:00—11:30 a.m.

**5-DAY SESSION—5 year olds\***

Monday through Friday, 9:00-11:30 a.m.

*\*Age when beginning the program.*

### REGISTRATION DEPOSIT

\$40/child; the Registration Deposit must accompany the completed Registration Form. This fee is non-refundable and will be applied to the monthly session fee for May.

### MONTHLY SESSION FEES

2-DAY (T/R) - \$69.00/MONTH

3-DAY (M/W/F) - \$97.00/MONTH

5-DAY (M-F)- \$162.00

Monthly payments are due by the first day of each month. We accept Visa, MasterCard, Discover, Diner's Club,

CALVERT REC.CENTER  
4500 STOCKWELL ST.  
LINCOLN, NE 68506  
PHONE: 441-8480  
FAX: 441-8471



**FAMILY/PARTICIPANT INFORMATION**  
LITTLE SPROUTS PRESCHOOL AT CALVERT RECREATION CENTER

**PLEASE PRINT**

**PARENT/LEGAL GUARDIAN #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

**AUTHORIZED ESCORTS to whom your child may be released and EMERGENCY CONTACTS when a Parent/  
Legal Guardian cannot be reached:**

**NAME:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**NAME:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

We want each child to be successful in our program. Is there any information we need to know about your child to help them be successful? If yes, please explain. ☐ NO ☐ YES

Does your child have allergies to specific FOODS or INSECT BITES or STINGS? ☐ NO ☐ YES  
If yes, please describe the action plan for your child:

Does your child have medical conditions such as asthma, diabetes, etc.? ☐ NO ☐ YES  
If yes, please describe the action plan for your child:

Will your child take medications while at a Parks and Recreation program? ☐ NO ☐ YES

***If you answered YES to the previous question, you must complete a medical consent form prior to Parks and Recreation staff administering medicine to your child.***

**OFFICE USE**

**Enrollment date:** \_\_\_\_\_

**Date care ceased:** \_\_\_\_\_

# PERMISSION FORM

## LITTLE SPROUTS PRESCHOOL AT CALVERT RECREATION CENTER

**PLEASE PRINT**

**PARENT/LEGAL GUARDIAN:** \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS:** For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Preschool Program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

**X**  
\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN** **RELATIONSHIP** **DATE**

By signing below I give permission for my child to participate in program activities. I understand that Parks and Recreation does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner. I understand that being able to contact me or an authorized adult during the program day is very important and I will make sure Parks and Rec. has current, daytime contact information.

**X**  
\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN** **RELATIONSHIP** **DATE**

**Parent must indicate 'yes' or 'no' to the following:**

- ☐ YES    ☐ NO    I give staff permission to transport my child for the purpose of program activities whether by van transportation, City bus system, or by walking during any of the days at a Parks and Recreation program.
- ☐ YES    ☐ NO    I give my permission for Parks and Recreation staff to share and receive necessary information from all Parks and Recreation partners to assist with providing the best program experience for my child.
- ☐ YES    ☐ NO    In the event of any emergency, I authorize Lincoln Parks and Recreation and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.
- ☐ YES    ☐ NO    I give my permission Lincoln Parks and Recreation to take my child off the recreation center premises for supervised preschool activities at Henry Park and Playground.
- ☐ YES    ☐ NO    I have received a copy of the Department of Health and Human Services Parent Information Brochure for Licensed Child Care.
- ☐ YES    ☐ NO    Lincoln Parks and Recreation preschool programs provide written descriptions of center services and policies in their program handbooks. Copies of handbooks are available online and given to parents of all enrolled children. I have received a program handbook.

**X**  
\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN** **RELATIONSHIP** **DATE**

# **MEDIA, TALENT and PRODUCTION CONSENT and RELEASE**

LITTLE SPROUTS PRESCHOOL AT CALVERT RECREATION CENTER

**GRANTED TO:** City of Lincoln on behalf of Parks & Recreation Department

I, the undersigned, hereby authorize the City of Lincoln and the Parks & Recreation Department, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks & Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

**RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF AN ATHLETE OR PARTICIPANT WHO IS UNDER 19 YEARS OF AGE—OR IF ATHLETE OR PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN**

☐ **YES**      ☐ **NO**

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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Parks Department Staff ONLY, please list date taken/produced and name of event.